DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CARE PARTNERS WINNECONNE I (0009034)

Address: 234 S 5TH ST, WINNECONNE, WI 54986

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0094375 End Date: 02/09/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007129 Served 04/01/2005

83.21(4)(p)

Deficiencies Cited Subject Area

PROMPT AND ADEQUATE TREATMENT

<u>Compliance</u>

Verified Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 03/31/2005 SOD #10007129 Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)

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